**Purpose** The scale was developed as a simultaneous measure of depression and somatic symptoms – two issues that frequently co-occur [1]. Though many preexisting questionnaires for depression contain items relating to somatic complaints, the DSSS is specifically concerned with the relationship between the two. Consisting of 22 items, the DSSS includes 12 depression-related items and 10 somatic items – 5 of which query pain symptoms, forming a pain subscale. Two items of the depression subscale relate particularly to sleep, examining symptoms of insomnia and fatigue.

**Population for Testing** The scale was initially evaluated in a population of patients experiencing a major depressive episode (MDE) and in a group of non-MDE controls. Participants were aged 18–65 years.

**Administration** The scale is a self-report, penciland-paper measure requiring between 5 and 10 min for completion.

**Reliability and Validity** The scale's psychometric properties were first evaluated by developers Hung and colleagues [2]. They found an internal

consistency ranging from .73 to .94 and a testretest reliability of .88–.92. Additionally, scores on the DSSS were significantly correlated with those obtained on the Hamilton Rating Scale for Depression (Chap. 42), and results for both decreased significantly following treatment.

**Obtaining a Copy** A copy of the scale can be found in an article published by developers [2].

Direct correspondence to: Chia-Yih Liu, Department of Psychiatry Chang Gung Memorial Hospital 5 Fu-Shing St, Kweishan Taoyuan 333, Taiwan Email: liucy752@cgmh.org.tw

**Scoring** Respondents are asked to indicate the degree to which they have experienced each symptom over the course of the previous week. The rating scale ranges from "absent" (0 points) to "severe" (3 points), and a total score is found by adding the results for all 22 items. Higher scores indicate more severe depressive and somatic issues.

Severe: symptoms caused very significant discomfort	or disturb	oance.		
Please check one of absent, mild, moderate, or severe to	o indicate	the se	verity of the	following
symptoms.				
	Absent	Lvera	Moderate	Severe
1. Headache	Absent	Milid	Moderate	Severe
2. Loss of interest in daily or leisure activities	+			
3. Tightness in the chest	+			
4. Insomnia	+			_
5. Muscle tension	-			_
6. Irritable mood	+			
7. Back pain				_
<ol><li>Unable to feel happy or decreased ability to feel happy</li></ol>				
9. Dizziness				
<ol><li>Depressed mood or tearful</li></ol>				
11. Chest pain			1	
12. Feelings of self-reproach or guilt				
13. Neck or shoulder pain (or soreness)				
14. Loss of interest in sex				
15. Shortness of breath or difficulty breathing				
16. Anxious or nervous				
17. Soreness in more than half of the body's muscles				
18. Unable to concentrate				
19. Palpitations or increased heart rate				
20. Thoughts of death or suicidal ideas				
21. Fatigue or loss of energy				
22. Decreased appetite or loss of appetite				

Please evaluate the severity of these symptoms you have experienced in the past week (7 days):

## Reprinted from Hung et al. [2], Copyright © 2006, with permission from John Wiley and Sons.

## References

 Simon, G. E., VonKorff, M., Piccinelli, M., Fullerton, C., & Ormel, J. (1999). An international study of the relation between somatic symptoms and depression. *Journal of Medicine*, 341(18), 1329–1335.

Depression and somatic symptoms scale

Mild: symptoms caused slight discomfort or disturbance.

Moderate: symptoms caused significant discomfort or disturbance.

Date: / /

Absent: no symptoms.

 Hung, C. I., Weng, L. J., Su, Y. J., & Liu, C. Y. (2006). Depression and somatic symptoms scale: a new scale with both depression and somatic symptoms emphasized. *Psychiatry and Clinical Neurosciences*, 60, 700–708.

## **Representative Studies Using Scale**

Hung, C. I., Liu, C. Y., Cheng, Y. T., & Wang, S. J. (2009).
Migraine: a missing link between somatic symptoms and major depressive disorder. *Journal of Affective Disorders*, 117(1), 108–115.